

Admission Form

(Please fill out this fillable admission form and email to arif.chowdhury@eastwestcollege.ca or fax +1 403 455 7277)

Applicant Information

Full Name

Last Name

First Name

Middle Name

Date of Birth

Day/Month/Year

Permanent Address
in Home Country:

Apartment/Unit No.

Street Address

City

Province/State & Country

Postal Code/Zip Code

Phone No.

Email

Preferred mode of communication: Email
Air mail

Nationality

Passport Number

Passport Issuing Country

Passport validity until

DD/MM/YY

Present Mailing Address (If different from above)

Address

Apartment/Unit

Street Address

City

Province/State & Country

Postal Code/Zip Code

Emergency Contact Information

Full Name

Relationship

Last Name

First Name

Address

Apartment/Unit#

Street Address

City

Province /State & Country

Postal Code/Zip Code

Phone:

Email

How did you know about East West College

Website

Newspaper/Magazine

Friends

Others

If "others", please specify: _____

Program Selection

Please list the program in order of interest:

[Programs offered for international students: Diploma in Office Administration, Diploma in Accounting and Payroll Administration, Education Assistant, Medical Office Assistant, and Pharmacy Assistant]

Program Name:

1. _____
2. _____
3. _____

Expected start time: _____
Month and Year